

Brandon Evans #1212103

Name and Inmate Booking Number

High Desert State Prison

Place of Confinement

PO Box 650

Mailing Address

Indian Springs, NV 89070

City, State, Zip Code

**UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA**

Brandon Kenneth Evans

Plaintiff

vs.

(1) Wilson Bernales, MD

(2) See additional pages for Defendants

(3) _____

(4) _____

(5) _____

Defendant(s).

Case No. 2:21-cv-02247-GMN-VCF
(To be supplied by Clerk of Court)

**CIVIL RIGHTS COMPLAINT
BY AN INMATE**

☐ Original Complaint

☒ First Amended Complaint

☐ Second Amended Complaint

☐ Jury Trial Demanded

A. JURISDICTION

1) This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a)(3); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Named Agents*, 403 U.S. 388 (1971)

☐ Other: _____

2) Institution/city where Plaintiff currently resides: High Desert State Prison - Indian Springs, NV

3) Institution/city where violation(s) occurred: High Desert State Prison - Indian Springs, NV

B. DEFENDANTS

1. Name of first Defendant: Wilson Bernales. The first Defendant is employed as:
Medical Doctor at High Desert State Prison.
(Position of Title) (Institution)
2. Name of second Defendant: John Doe 1. The second Defendant is employed as:
Medical Doctor at High Desert State Prison.
(Position of Title) (Institution)
3. Name of third Defendant: Ben Gutierrez. The third Defendant is employed as:
Director of Nursing at High Desert State Prison.
(Position of Title) (Institution)
4. Name of fourth Defendant: Julie Williams. The fourth Defendant is employed as:
Associate warden of programs / Grievance Coordinator at High Desert State Prison.
(Position of Title) (Institution)
5. Name of fifth Defendant: Calvin Johnson. The fifth Defendant is employed as:
Warden at High Desert State Prison.
(Position of Title) (Institution)

If you name more than five Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. NATURE OF THE CASE

Briefly state the background of your case.

I have been denied any reasonable medical treatment for
Fibromyalgia during my entire incarceration at High Desert State
Prison - Nevada Department of Corrections. This has been for over
three years. This causes me extreme tooth-like pain
Daily! Any attempt to seek treatment is usually out-right
ignored, at once resulted in severely inadequate and temporary
treatment. All staff seem to not care and continue to
be deliberately indifferent to my serious medical
needs. This is a systemic problem at HDSP.

Defendants - Heading

1. Wilson Bernales MD
2. John Doe 1 MD
3. Ben Gutierrez RN
4. Julie Williams
5. Calvin Johnson
6. John Doe 2
7. "N." Peret
8. Michael Miner MD

B. Defendants Continued

6. Sixth Defendant: John Doe 2 The Sixth Defendant is employed as: Associate warden of Core Services at High Desert State Prison.

7. Seventh Defendant: "N." Peret The Seventh Defendant is employed as: Unknown at this time, at High Desert State Prison.

8. Eighth Defendant: Michael Miner MD The Eighth Defendant is employed as: Medical Director at Nevada Department of Corrections.

D. CAUSE(S) OF ACTION

CLAIM 1

1. State the constitutional or other federal civil right that was violated: 8th Amendment re: Civil and Unusual Punishment
2. **Claim 1.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

<input type="checkbox"/> Basic necessities	<input checked="" type="checkbox"/> Medical care	<input type="checkbox"/> Mail
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Property
<input type="checkbox"/> Access to the court	<input type="checkbox"/> Excessive force by officer	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____	
3. **Date(s) or date range** of when the violation occurred: 2-14-19 - Present
4. **Supporting Facts:** State as briefly as possible the FACTS supporting Claim 1. Describe exactly what **each specific defendant (by name)** did to violate your rights. State the facts clearly in your own words without citing legal authority or argument.

1) I have severe Fibromyalgia, for which I have never received any meaningful treatment during my incarceration at High Desert State Prison, from February 14th 2019 to the present.

2) Fibromyalgia causes me extreme full-body pain, usually worse in my back and legs, often crippling and limiting my physical activity. It also causes extreme fatigue and I distress and other issues. The constant pain, worsened by pressure / touch makes it near impossible to sleep.

3) This extreme pain physically stops me from being able to work, preventing me from earning "Good time" / work credits / days off my sentence.

4) The near-constant torture-like pain I'm in causes extreme mental anguish. At this point I'm afraid of physical activity or any physical stress and movement.

5) When I've been assigned / Forced to a top bunk climbing up and down is horrifically painful and difficult. I have anxiety over the possibility of being required to go back to a top bunk if I'm moved and the

claim I continued

5) torture that it would cause me.

6) Top tier cell assignment requires me to walk up the stairs to come back from activities, which is nearly impossible most days due to the extreme effort and pain.

7) Due to Covid Related lockdowns and restrictions my condition has seriously deteriorated.

8) I have been suffering from Fibromyalgia since 2011. I was diagnosed by three separate doctors in Elko, NV. Dr. Tkach, Dr. Patton Whimble D.O., and Dr. Devendrakumar Patel MD in 2014. Dr. Patel managed my care and treatment for over 3 years. In 2015 I was referred to a specialist in Sacramento, CA for confirmation and additional help/support in treatment from Dr. Patel, this was the Fibromyalgia treatment and learning center.

9) With Dr. Patel, prior to my arrest, I received a variety of treatments to best manage my condition. This included cross-wave electrical therapy, oral and topical Anti-inflammatories including Nabumetone and Voltaren Gel, muscle relaxers such as Flexeril, and narcotics such as Hydrocodone - 900 extended release 20Hydro ER.

10) please see exhibits H1-H12 for Health information on Fibromyalgia.

11) At intake to HDSP I informed the nurse on 2-15-19 of my Fibromyalgia and was told I would soon

3-A

11) See a doctor for a complete exam and could discuss it then.

12) In early March of 2019 I saw the doctor, Defendant John Doe I, where I informed him of my Fibromyalgia and medical history during my intake exam. This happened in the Unit IAB medical room.

13) He told me "the docs for that are not on our formulary" and offered no help or treatment, failed to enroll me in the Chronic Care Program for pain management, and according to AWP Williams in exhibit E, failed to document it at all.

14) All I received from Defendant Doe I was a single month supply of Claritin for Seasonal Allergies, which I've only been able to renew a few times, never in 2021 or 2022.

15) I have been requesting and begging for help and treatment for years, through many channels, verbally asking nurses when they are in the unit, and on paper requests, see exhibits ~~A1-A13~~ A1-A13, B1, B2, C, E, F1-F5.

16) I attempted to find directly who could help schedule my appointment (ex F6) with no reply.

17) Exhibit G is a partial, incomplete log of medical notes / requests I've submitted, rarely receiving a reply to them.

3-B

18) I have attempted to identify Defendant Doe 1 from my medical records but I am being denied access to them, despite policy in AR 639. See exhibit F7. I also made records requests on 12-19-21 and prior on OCT-18-2021. A "long list" shouldn't violate a policy of 3-5 days and make it months-longer.

19) I've tried to verify records requests were successful and I'm just told to schedule an appointment (ex F8) which I've been trying to do for 3 years.

20) Defendant Williams was previously known as Julie Matousek. Replies from her, such as ex. E, say Matousek, but may be referenced as ~~from~~ from Williams. Her position is Associate Warden of Programs (AWP) and HDSP Grievance Coordinator per OP 740 - ~~Reasonability~~ Responsibility.

21) During my time at HDSP my symptoms were getting worse and pain more severe. I started putting in the aforementioned kites for help.

22) With no help, I had to file my first grievance on this issue, on 9-10-19, to finally see a doctor. See ex B1, B2.

23) On 11-6-19 I saw Dr. Augustine, who wanted some bloodwork and my medical records before giving me medication other than Tylenol. He ordered this bloodwork and had me fill out the medical records request form.

3-C

24) I believe Dr Augustine was one of few HDSP staff to act in good faith and attempt to help, even with temporary measures that may have been ineffective.

25) This OTC strength tylenol had no effect on my pain and has been the only treatment ever offered to me for my Fibromyalgia. I was never able to see Augustine again to tell him it was ineffective.

26) He also ordered Fiber for my GI issues which I never received. I also only received a small part of the tylenol ordered before it expired and nursing would not refill it.

27) I was told I would have a follow up 6-8 weeks later, with the records and labwork. Instead it was about 2 weeks later with NP Mangano and no records or results in. He re-ordered the Fiber and said I'd be seen in a month. This did not happen.

28) In early March 2020 I was seen for unrelated reasons by a nurse in Unit 10.

29) I can no longer refill my Clonidine nor the tylenol.

30) Prior to incarceration I was on a Gluten Free Diet, recommended by Dr. Patel and the Fibromyalgia Treatment and Learning Center. Blood work was referenced in

30) ex. F8) Showed a Wheat Allergy. A Gluten Free Diet Greatly improves/relieves my GI symptoms and some overall inflammation. I've been unable to receive a Gluten Free Diet order from any medical provider at HDSP, the only way to receive an Allergy Diet from HDSP Culinaty.

31) ON 6-29-2020 I filed another Grievance seeking Help (ex. D6; D7, D8) which was assigned to Defendant "N." Petet (D6, D7) who never took ANY action nor bothered to Reply.

32) HDSP Grievance policy (AR740, OP740) allows an inmate to move to the next level after 45 days for informal and First level Grievances if no Reply is given.

33) ON 9-20-20, well after ~~a few~~ waiting a reasonable time for a reply, I filed a First level Grievance (ex D4) still trying to seek Help. This was assigned to Defendant Ben Gutierrez, who also never took ANY action nor bothered to ever Reply.

34) Grievance Policy allows 60 Days for a Reply on a Second level Grievance. After this all Administrative remedies are exhausted.

35) ON 9-6-21 I Filed an emergency Grievance (ex C) because I was in such severe pain. This

3-E

35) had no effect.

36) on 7-1-21 I filed a Second level Grievance still trying to seek Help (ex D2, D3) This was assigned to Director of Nursing II but was eventually replied to by Defendant Michael ~~Miner~~, ~~MD and Director~~ Miner MD, Medical Director for the NDOC. Despite the 60 Day Requirement in AR740 there was no Reply until 1-16-2022, which I did not receive until 2-1-22. (ex. D1)

37) ex D9-D16 ~~where~~ were medical Requests and Documents Attached to the original Informal Grievance.

38) Despite Miner's Attempt to Sweep this under the rug and claim this issue is Resolved (see D1, last sentence "Grievance resolved" and the finding and status boxes, "resolved" and "inactive") I have still, more than 2 months later, received no treatment, despite his claim of an expedited appointment.

39) Defendant Miner clearly did little to nothing to see to it that I would be seen by a provider in any Reasonable timeframe, let alone any treatment.

40) After no Reply within 60 Days I Reached out where I could for Help with this Grievance (ex F1-F6, and E) including to the Warden, Defendant

3-F

40) Calvin Johnson (ex E) who couldn't be bothered and Matousek/Williams replied. Despite her position as Grievance Coordinator and the log number provided, I ~~the~~ still received no reply / contact from Medical staff assigned to this Grievance.

41) Instead she blamed me, claiming I didn't inform Medical, which is an unreasonable and outrageous claim given how much pain I endure with this condition. In this she admitted that HDSP Medical has been understaffed and implied this was part of the reason. She spoke generally about them working ~~on the waitlist~~ but to see everyone, but ~~then~~ simply said I was on the list. I believe her "contact" to Medical simply confirmed I was on the list and she made no attempt to expedite it or help me, as she made no attempt to acquire a Grievance reply from Medical staff.

42) On Oct -1-21 at 7AM I was called up to HDSP Medical, which is a significant uphill distance from where I'm housed (Unit 10) and is an extremely painful walk. Outside the medical building SC/O Gallo had a highlighted list of inmates to turn back and send back to the housing units, including me. No attempt was made to

42) inform Unit Housing officers not escort officers of the canceled appointments and inmates no longer needed. This painful, unneeded work could have easily been avoided.

43) A significant number of the inmates turned back on Oct-1-21 have grievances and/or litigation vs medical staff at MDSP.

44) on Oct-25-21 most other inmates sent back on Oct-1-21 were seen in Unit 10 Medical Room, no need for the uphill trek. I was not on the list to be seen.

45) on Monday, November 15 2021 I was called back up the Hill to Medical, where I was eventually seen by Defendant Dr Wilson Bernales. When I saw him he didn't ask a single question on Medical History, Allergies, and only looked at a single page in my medical file before closing it. He completely ignored my request for a bottom bunk restriction. He told me to ask the nurse what medication I would receive. He refused to schedule a follow up despite saying he wanted to order lab work.

46) When I asked the nurse later, outside of the exam room, she told me to ask Bernales again. When I did I was told "I'm q.

46) Family Doctor, not Pain specialist, I don't know how to help you." Then shortly after "I have to look in your file to decide." This was in the hallway in front of other inmates, C/Os, and Nurses.

47) Bernaldes never went back to my file and ordered ANY treatment or medication, still to this day, over 4 months after his false claim, I have received no treatment.

48) Bernaldes spent about (5) Five minutes out of our about (7) Seven minute visit ranting about my Shower Habits being too often (Daily) and repeating "skinny young white boy" about two dozen times. This started while I was trying to explain to him my symptoms and I was cut off every time I tried to speak. He didn't want to know my medical problems and did all he could to shut me up and stop me out of the exam room. He sent me to an x-ray of my knee rather than discuss my medical issues.

49) Bernaldes clearly didn't care about my pain, despite me trying many times to explain it, and ordered no treatment for it. At no time did he ever ask me

49) How severe the pain was, and cut me off when I was explaining (on my own) where the pain is - He cut me off after I first said legs. He never performed any physical exam.

50) ~~3~~ 3 months later on 2-15-22 I had a blood draw for totally irrelevant tests that I assert were intended for another inmate, seen the same day (Mar 15-21) by Bernales before me, who had entirely different medical issues, which would have called for the tests ran on me. This shall be proven with diagnostic codes.

51) Bernales cares so little He never listened to but a partial account of my medical problem, cutting me off to not hear it. He never ordered any treatment, and didn't care to order relevant bloodwork / bloodwork actually intended for me. This goes beyond simple malpractice.

52) I have attempted to file ~~6~~ grievances on the requirement of the uphill walk for no appointment and the Denial of treatment from Bernales but ANP Williams has rejected it. Not allowing any other staff to review the issue. She had to have read this grievance and has direct personal knowledge of these issues, and has

52) not only offered / attempted ~~NO~~ Help, she has actively blocked and stalled possible resolution and Help. These Grievances were filed on 2-5-22 and 10-31-21.

53) This was after she was informed of Denial of treatment with (EXE).

54) Denial, lack of, delays, and insufficient care ~~and~~ and treatment are systemic issues at HOSP, only worsened by the understaffing. Dozens, if not hundreds of inmates are suffering or at risk of harm / Death due to no treatment, or unreasonable treatment.

55) Defendant N Peret has personal knowledge of my suffering from the informal Grievance being assigned to them. They have a professional responsibility to act and reply to the Grievance. They cared so little as to never reply in nearly 2 years.

56) Defendant Gutierrez has personal knowledge of my suffering, by being assigned the first level Grievance. He has never acted or even replied to it. AS Director of Nursing He is the Healthcare Administrator at HOSP. per AR 600 - Responsibility #5- He "is responsible for the provision of healthcare services... ensuring all inmates have access to care" per OP 619 Responsibility to ensure compliance

56) With Infirmary and ~~Clinic~~ Clinic operations procedures. He has a professional obligation to provide me access to care and has failed to do so.

57) Warden Johnson has chosen to remain 'ignorant' to my medical problems, pushing my Request (ex E) off to other staff. He allows HDSP to be understaffed in medical. This is such a widespread and systemic problem at this facility that I assert there is no conceivable way he is unaware, unless he is deliberately ignoring ~~the~~ the lack of medical care at HDSP.

58) John Doe 2 - A w of care services is responsible for compliance with infirmary and clinic operations per OP 619 responsibility. Again I assert they must be deliberately ignorant to such a widespread problem.

59) Defendant Miner has personal knowledge of my suffering via second level grievance. The extreme delay in a reply shows his indifference to my needs. Again, just stating the issue is resolved despite me receiving no treatment, per AR 600 He has ~~clinical~~ responsibility for clinical operation. AR 600-responsibility

59) #2. AR 617 Responsibility - medical Director, for triage and access to sick call. And AR 615.01 #2 C and 615.01 #3 - medical Director - Continuity of care. AR 601 Responsibility #1 - Director, "monitor and improve Health Care Delivery to inmates". He is professionally responsible for what has happened to me by failing at his duties, and has personal knowledge which he claims to have acted on - if he did, which I detest, it was ineffective.

Definitions of Abbreviations and Acronyms

NDOC - Nevada Department of Corrections

HDSP - High Desert State Prison

AR - Administrative Regulation

OP - Operations / Operational Procedure

Kite - An inmate request form (Form 3012) or "medical kite" or Form 2500 medical service request - these forms are commonly referred to by staff and inmates as "kites"

AW - Associate Warden

C/O - Correctional officer

S/C/O - Senior Correctional officer

DON(S) Director of Nursing (Services)

E. PREVIOUS LAWSUITS

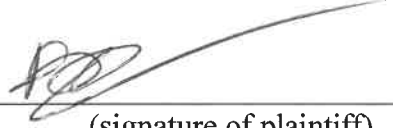
1. Have you filed any other lawsuits while incarcerated? ☐ Yes ☒ No
2. Has this Court or any other court designated you as subject to "three strikes" under 28 U.S.C. § 1915(g)? ☐ Yes ☒ No
3. If you have "three strikes" under 28 U.S.C. § 1915(g), does this complaint demonstrate that you are "under imminent danger of serious physical injury?" ☐ Yes ☐ No

F. REQUEST FOR RELIEF

I believe I am entitled to the following relief: Monetary - \$100,000, Declarative,
punitive - \$50,000 - This is a systemic problem.
Injunctive - 1 Transfer to a "medically fit ward" with
adequate medical staff and care, 2 bottom bunk and bottom tier
restrictions on file, 3 ~~be~~ altered medical care and treatment,
including enrollment in Chronic-care pain-management clinic with
monthly appointments with a qualified medical provider, 4 Gluten Free Diet.

I understand that a false statement or answer to any question in this complaint will subject me to penalties of perjury. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.** See 28 U.S.C. § 1746 and 18 U.S.C. § 1621.

 (name of person who prepared or helped
 prepare this complaint if not the plaintiff)



 (signature of plaintiff)

March 31 - 2022

 (date)

**RETURN
TO
INMATE**

ADDITIONAL PAGES

You must answer all questions concisely in the proper space on the form. Your complaint may not be more than 30 pages long. It is not necessary to attach exhibits or affidavits to the complaint or any amended complaint. Rather, the complaint or any amended complaint must sufficiently state the facts and claims without reference to exhibits or affidavits. If you need to file a complaint that is more than 30 pages long, you must file a motion seeking permission to exceed the page limit and explain the reasons that support the need to exceed 30 pages in length.

A-1

Medical

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Brandon Evans	1212103	10-F-28/A	9-7-20

4.) REQUEST FORM TO: (CHECK BOX)

☐ MENTAL HEALTH
 ☐ CANTEEN
☐ CASEWORKER
 ☒ MEDICAL
 ☐ LAW LIBRARY
 ☐ DENTAL
☐ EDUCATION
 ☐ VISITING
 ☐ SHIFT COMMAND
☐ LAUNDRY
 ☐ PROPERTY ROOM
 ☐ OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Medical Appointments

6.) REQUEST: (PRINT BELOW) I need to be seen for my Libramycin
Please! I am in extreme pain and I have not been
seen in almost a year and never offered any treatment.
I've started to have crippling pain in my right
arm as well. please I need to see a doctor!
I've been unable to get any KOPs reviewed as
well. I am suffering and need treatment.
please let me see a doctor and thank you for your time.

7.) INMATE SIGNATURE [Signature] DOC # 1212103

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

A2

NAME Brandon Evans

ID#

1212103

Unit/Cell#:

JUN 22 2021
10-B-79

FACILITY

HDSP

DATE

6-22-21

SIGNATURE

PMW

Request

I have severe Fibromyalgia, leg, and
knee pain, as well as numerous FI issues.
I need to, see a provider, please.

I'm in severe, crippling, pain!

INMATES: DO NOT WRITE IN AREA BELOW

ASSIGNED TO

☐

Medical

☐

Dental

☐

Psychiatry

☐

Nursing

☐

Other

Response to request

placed on Or sick call

☐

Appointment scheduled/rescheduled for

☐

No visit necessary

☐

No show for appointment

☐

Refused to be seen. DOC 2523 Release of Liability signed

PRESCRIPTIONS

PLAN

☐

Follow-up appointment

☐

Return if needed

☐

No follow-up required

Signature of practitioner responder

Date

NEVADA DEPARTMENT OF CORRECTIONS
MEDICAL KITE and SERVICE REPORT

A3

NAME Brandon Evans ID# 1212103 Unit/Cell#: 10-A-25 ✓
 FACILITY HDSP DATE 6-19-20 SIGNATURE BRN

Request

KOP

ACYCLOVIR RX# 325248



please renew and refill if possible —
 having a re-occurrence of Epstein-Barr symptoms

INMATES - DO NOT WRITE IN AREA BELOW

ASSIGNED TO

☐ Medical ☐ Dental ☐ Psychiatry ☐ Nursing ☐ Other _____

Response to request

placed on sick call

- ☐ Appointment scheduled/rescheduled for: _____
☐ No visit necessary
☐ No show for appointment
☐ Refused to be seen. DOC 2523 Release of Liability signed

PRESCRIPTIONS

☐ KOP ☐ NON-KOP
☐ Order date _____

PLAN

☐ Follow-up appointment _____ ☐ Return if needed
☐ No follow-up required

Signature of practitioner/responder

Date

NEVADA DEPARTMENT OF CORRECTIONS
MEDICAL KITE and SERVICE REPORT

PRINT NAME: Brandon Kenneth Evans

(Also print name and ID# at bottom of form where indicated)

ID#: 1212103DOB: 11/16/1995Institution: HOSPDate submitted: 4/23/2020Signature: [Signature]Medical: ☒Dental: ☐Mental Health: ☐Nursing: ☐Other: / /

Reason for request: (Describe below)

I have been waiting 4 + months for a follow up appointment to finally get treatment for my Fibromyalgia. Medical is well aware of this and is leaving me untreated and suffering while I wait. My not being seen and treated is willful and deliberate indifference from medical at HOSP.

DO NOT WRITE IN AREA BELOW

Response to request:

You are scheduled and will be notified the day of your appointment.

RN

☐Appointment Schedule for: / / Rescheduled for: / / ☐

No visit necessary

☐

No Show for Appointment

☐

Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS☐

KOP

☐

NON-KOP

☐Order Date: / / **PLAN**☐Follow-up appointment / / ☐

Return if needed

☐

No follow-up required

Signature/Title of Provider [Signature]Date 4/23/20

NEVADA DEPARTMENT OF CORRECTIONS

**MEDICAL KITE and/or
SERVICE REPORT**NAME: Evans Brandon K

Last

First

MI

ID#: 1212103Unit/Cell#: 10-F-25

45

INMATE REQUEST FORM

RECEIVED APR 06 2020

1.) INMATE NAME Brandon K Evans	DOC # 1212103	2.) HOUSING UNIT 10-C-20	3.) DATE 3-30-20
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4.) REQUEST FORM TO: (CHECK BOX) ☐ MENTAL HEALTH ☐ CANTEEN
☐ CASEWORKER ☒ MEDICAL ☐ LAW LIBRARY ☐ DENTAL
☐ EDUCATION ☐ VISITING ☐ SHIFT COMMAND
☐ LAUNDRY ☐ PROPERTY ROOM ☐ OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Nursing / Refills

6.) REQUEST: (PRINT BELOW) KOPS DOB 11/16/95

LORATADINE RX# 301591



please Refill

ACETAMINOPHEN RX# 301593



please Renew and Refill

I was supposed to have a follow up appt. before this expired on 2-3-20 But I still haven't been seen again for my fibromyalgia yet.

7.) INMATE SIGNATURE BKM DOC # 1212103

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

#301593 Rx expired - 1996
Tylenol PM
PM

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

A6

PRINT NAME: Brandon Kenneth Evans **ID#:** 1212103
 (Also print name and ID# at bottom of form where indicated) **DOB:** 11 11 1995

Institution: HPSP **Date submitted:** 12, 9, 19 **Signature:** [Signature]

Medical: ☒ **Dental:** ☐ **Mental Health:** ☐ **Nursing:** ☒ **Other:** _____

Reason for request: (Describe below)
I finally received some of my KOPS after being
sent by the DF but I did not get the
fiber pills for my GI issues.

I also want to make sure my medical records come
in from EKO before my follow up appointment.

DO NOT WRITE IN AREA BELOW

Response to request:

DEC 12 2019

BY: _____

Scheduled

- ☐ Appointment Schedule for: 1 / 1 Rescheduled for: 1 / 1
☐ No visit necessary
☐ No Show for Appointment
☐ Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

- ☐ KOP ☐ NON-KOP
☐ Order Date: 1 / 1

PLAN

- ☐ Follow-up appointment 1 / 1 ☐ Return if needed
☐ No follow-up required

Signature/Title of Provider _____

Date 1 / 1

NEVADA DEPARTMENT OF CORRECTIONS

**MEDICAL KITE and/or
SERVICE REPORT**

NAME: Evans Brandon K

Last

First

MI

ID#: 1212103

Unit/Cell#: 10-F-7

PRINT NAME: Brandon Kenneth EvansID#: 1212103

(Also print name and ID# at bottom of form where indicated)

DOB: 11 11 1995Institution: HOSPDate submitted: 12/04/19Signature: [Signature]Medical: ☒Dental: ☐Mental Health: ☐Nursing: ☐

Other: _____

Reason for request: (Describe below)

I was seen a month ago and haven't gotten my KOPS for Extra Strength acetaminophen and fiber.I also want to make sure my records reflect I came in from DR Patel in EICU and that I have a follow up appointment.**DO NOT WRITE IN AREA BELOW**

Response to request:

Request sent to pharmacy, waiting for delivery.

- ☐ Appointment Schedule for: / / Rescheduled for: / /
- ☐ No visit necessary
- ☐ No Show for Appointment
- ☐ Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

- ☐ KOP ☐ NON-KOP
- ☐ Order Date: / /

PLAN

- ☐ Follow-up appointment / / ☐ Return if needed
- ☐ No follow-up required

Brandon K
Signature/Title of Provider12.7.19
Date

NEVADA DEPARTMENT OF CORRECTIONS

**MEDICAL KITE and/or
SERVICE REPORT**NAME: Evans Brandon K
Last First MIID#: 1212103Unit/Cell#: 10-F-7

48

RECEIVED
NOV 5 2019

BY:

PRINT NAME:

Brandon Kenneth Evans

ID#: 1212103

DOB: 11/16/1995

(Also print name and ID# at bottom of form where indicated)

Institution:

HDSF

Date submitted:

10/14/2019

Signature:

[Signature]

Medical:



Dental:



Mental Health:



Nursing:



Other:

Reason for request: (Describe below)

My last 2 appointments have been skipped or cancelled after I was notified. I've been waiting for 6 months to be seen for my fibromyalgia - and never rescheduled. I haven't been seen since intake. This chronic care need is being ignored and I am suffering because of medical's willful indifference. I've developed a GI Bleed (over a month now - Kites in for it) from IBS.

DO NOT WRITE IN AREA BELOW

Response to request:

Scheduled



Appointment Schedule for:

/ /

Rescheduled for:

/ /



No visit necessary



No Show for Appointment



Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS



KOP



NON-KOP



Order Date:

/ /

PLAN



Follow-up appointment

/ /



Return if needed



No follow-up required

Signature/Title of Provider

Smattering RN

Date

BY: [Signature]

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or
SERVICE REPORT

NAME:

Evans Brandon

K

Last

First

MI

ID#:

1212103

Unit/Cell#:

10-f-7

A9
PRINT NAME: Brandon Kenneth Evans

(Also print name and ID# at bottom of form where indicated)

ID#: 1212103DOB: 11/16/195Institution: HDSPDate submitted: 9.10.19Signature: [Signature]Medical: ☒Dental: ☐Mental Health: ☐Nursing: ☐

Other: _____

Reason for request: (Describe below)

My fibromyalgia symptoms have gotten extremely bad,I haven't been seen by medical in over 6months - since intake. I can't sleep due tothe pain and can barely climb up to mybunk. All the kites I've been putting in for 3 monthshave gone unanswered. I have a GI bleed from IBS from canteen food**DO NOT WRITE IN AREA BELOW**

Response to request:

*You are scheduled and will be notified
the day of your appointment.*

.RN

☐Appointment Schedule for: / / Rescheduled for: / / ☐

No visit necessary

☐

No Show for Appointment

☐

Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS☐

KOP

☐

NON-KOP

☐Order Date: / / **PLAN**☐Follow-up appointment / / ☐

Return if needed

☐

No follow-up required

Signature/Title of Provider [Signature]Date 9.13.19

NEVADA DEPARTMENT OF CORRECTIONS

**MEDICAL KITE and/or
SERVICE REPORT**

REC 9-18-18

NAME: Evans Brandon K

Last

First

MI

ID#: 1212103Unit/Cell#: 9-A / 7

A10

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
BRODER E. # 95	1212103	10-F-25	8-8-20

4.) REQUEST FORM TO: (CHECK BOX) _____ MENTAL HEALTH _____ CANTEEN
 _____ CASEWORKER ☒ MEDICAL _____ LAW LIBRARY _____ DENTAL
 _____ EDUCATION _____ VISITING _____ SHIFT COMMAND
 _____ LAUNDRY _____ PROPERTY ROOM _____ OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Kof Refills / Nursing

6.) REQUEST: (PRINT BELOW) PLEASE REFW and REFILL KOF #301591
for Lorazepam 10 mg - this has not been filled
since 5-23-20 I'm in the middle of summer and
I need my anxiety meds.

PLEASE REFILL # 301593 as well I've been out

Thank you

7.) INMATE SIGNATURE [Signature] DOC # 1212103

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

NAME Brendon Evans ID# 1212103 Unit/Cell# 10-F-25A
 FACILITY HDP DATE 8-6-20 SIGNATURE [Signature]

Request

I've never been seen for a follow up for my filarthritis. I've been back from 2 months ago. Please help me. My filarthritis has gotten extremely bad and I'm in constant pain. I need treatment.

INMATES - DO NOT WRITE IN AREA BELOW

ASSIGNED TO

☐ Medical ☐ Dental ☐ Psychiatry ☐ Nursing ☐ Other _____

Response to request

PLACED ON DOCTOR
SICK CALL

- ☐ Appointment scheduled/rescheduled for _____
☐ No visit necessary
☐ No show for appointment
☐ Refused to be seen. DOC 2523 Release of Liability signed

PRESCRIPTIONS

☐ KOP ☐ NON-KOP
☐ Order date _____

PLAN

- ☐ Follow-up appointment _____ ☐ Return if needed
☐ No follow-up required

Signature of practitioner/responder

Date

NEVADA DEPARTMENT OF CORRECTIONS
MEDICAL KITE and SERVICE REPORT

A-12
PRINT NAME: Brandon EvansID#: 1212103

(Also print name and ID# at bottom of form where indicated)

DOB: 11/16/195Institution: HOSPDate submitted: 8/19/19Signature: [Signature]Medical: ☒Dental: ☐Mental Health: ☐Nursing: ☐

Other: _____

Reason for request: (Describe below)

My fibromyalgia has gotten severely bad - I can't sleep due to the pain. Can't climb up to the top bunk, I need an anti-inflammatory like meloxicam or something. This is my 3rd kite regarding this, the others, but in over a month ago have gone unanswered. I am suffering due to my medical disability going untreated. Also my KOP allergy pills aren't working, is it possible to get Azelastine nasal spray?

Need to request Referral from the [Signature] **DO NOT WRITE IN AREA BELOW**

Response to request:

OK to send are scheduled be notified
the day of your

RN

- ☐ Appointment Schedule for: / / Rescheduled for: / /
- ☐ No visit necessary
- ☐ No Show for Appointment
- ☐ Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

- ☐ KOP ☐ NON-KOP
- ☐ Order Date: / /

PLAN

- ☐ Follow-up appointment / / ☐ Return if needed
- ☐ No follow-up required

Signature/Title of Provider [Signature]Date 10/1/19

NEVADA DEPARTMENT OF CORRECTIONS

**MEDICAL KITE and/or
SERVICE REPORT**NAME: Evans Brandon K
Last First MIID#: 1212103Unit/Cell#: 9-A-7

A-13
PRINT NAME: Brandon Kenneth EvansID#: 1212103

(Also print name and ID# at bottom of form where indicated)

DOB: 11 / 18 / 95Institution: HDSPDate submitted: 2 / 19 / 19Signature: [Signature]Medical: ☒Dental: ☐Mental Health: ☐Nursing: ☐Other: ☐

Reason for request: (Describe below)

My Fibromyalgia symptoms are getting much worse. I can't climb up to the top bunk and can't fall asleep due to the pain. I need to get a bottom bunk and naproxen RX

Thank you

DO NOT WRITE IN AREA BELOW

Response to request:

You are scheduled and will be called the day of your appointment.

RN

☐Appointment Schedule for: / / Rescheduled for: / / ☐

No visit necessary

☐

No Show for Appointment

☐

Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

☐

KOP

☐

NON-KOP

☐Order Date: / /

PLAN

☐Follow-up appointment / / ☐

Return if needed

☐

No follow-up required

Signature/Title of Provider [Signature]Date / /

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or
SERVICE REPORT

REC 9-16-19

NAME: Evans Brandon K

Last

First

MI

ID#: 1212103Unit/Cell#: 11-8-7



State of Nevada
Department of Corrections

INMATE GRIEVANCE REPORT

ISSUE ID# 20063089185

ISSUE DATE: 09/10/2019

INMATE NAME		NDOC ID	TRANSACTION TYPE	ASSIGNED TO	
EVANS, BRANDON KENNETH		1212103	RTRN_INF	SMATTINSON	
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
IF	01/10/2020	5	Granted	KPALMER	A

INMATE COMPLAINT

OFFICIAL RESPONSE

Inmate Brandon Evans #1212103,

I am in receipt of your Informal Grievance 2006-30-89185 as it relates to an appointment with the medical provider regarding fibromyalgia.

You were seen by the provider on 11/6/19, that was your remedy as such your grievance was granted.

Grievance granted.

GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.4

Run Date: JAN-10-20 07:56 AM

Page 1 of 2

9/10/19
SL

Log Number 2006-30-89185

NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCE

NAME: Bendon K Evans I.D. NUMBER: 1212103

INSTITUTION: HDSP UNIT: 9-A

GRIEVANT'S STATEMENT: I haven't been seen by medical for my physical medical disability since intake, more than 6 months ago. My medical notes for my worsening condition have been ignored for 3 months - no replies. I need to see a doctor for treatment/management of this.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 9-10-19 TIME: 8:00 AM

GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 9/16/19 TIME: 11:45 AM

GRIEVANCE RESPONSE: _____

CASEWORKER SIGNATURE: [Signature] DATE: 3-4-20

___ GRIEVANCE UPHeld ___ GRIEVANCE DENIED ___ ISSUE NOT GRIEVABLE PER AR 740

GRIEVANCE COORDINATOR APPROVAL: [Signature] DATE: 2/12/2020

✓ INMATE AGREES ___ INMATE DISAGREES

INMATE SIGNATURE: [Signature] DATE: 3-4-20

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
Canary: To Grievance Coordinator
Pink: Inmate's receipt when formal grievance filed
Gold: Inmate's initial receipt

RECEIVED

SEP 11 2019

HDSP
DOC 3091 (12/01)

NEVADA DEPARTMENT OF CORRECTIONS

**EMERGENCY
GRIEVANCE FORM**NAME: Blandon Evans I.D. NUMBER: 1212103INSTITUTION: High Desert State Prison UNIT: 10-B-19

GRIEVANT'S STATEMENT: I have no ~~access~~ access to medical care. I have severe Fibromyalgia which causes extreme pain 24/7. I've been on the "sick call" list for over 18 months without seeing a doctor. I have no treatment for my serious medical needs, I'm sitting here waiting in pain for years.

Remedy: Immediately let me see a qualified medical provider. I've put in 100 medical kits!

SWORN DECLARATION UNDER PENALTY OF PERJURYINMATE SIGNATURE: [Signature] DATE: 9-6-21 TIME: 19:34RECEIVING STAFF SIGNATURE: [Signature] ASB DATE: 9-6-21 TIME: 19:36 pmSUPERVISOR COMMENT/ACTION TAKEN ON EMERGENCY GRIEVANCE: NOT ANEmergency per A.R. 740. Use informal Grievance.SUPERVISOR SIGNATURE: [Signature] TITLE: Sgt DATE: 9/6/21 TIME: 1954INMATE AGREES: _____ INMATE DISAGREES: [Signature]INMATE SIGNATURE: [Signature] TIME: 20:00 DATE: 9-8-21

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FORMAL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
 Canary: To Grievance Coordinator when complete
 Pink: Inmate's initial receipt

Medical was advised.

D1



State of Nevada
Department of Corrections

INMATE GRIEVANCE REPORT

ISSUE ID# 20063104159

ISSUE DATE: 06/29/2020

INMATE NAME		NDOC ID	TRANSACTION TYPE	ASSIGNED TO	
EVANS, BRANDON KENNETH		1212103	RTRN_L2	MMINEV	
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
2	01/16/2022		Resolved	LVFLORES	INACTIVE

INMATE COMPLAINT

OFFICIAL RESPONSE

Inmate Evans.

HDSP medical has reviewed your request and medical concerns. You will be scheduled with an expedited appointment to see our medical provider to provide resolution to your medical issue. Grievance resolved.

Y 2.1.22

Michael Minev

Michael Minev M.D.

GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.4

Run Date: JAN-16-22 10:53 AM

Page 3 of 6

LOG NUMBER: 2006 310 4159NEVADA DEPARTMENT OF CORRECTIONS
SECOND LEVEL GRIEVANCENAME: Brandon Evans I.D. NUMBER: 1212103INSTITUTION: High Desert State Prison UNIT: 10-B-19I REQUEST THE REVIEW OF THE GRIEVANCE. LOG NUMBER 2006 310 4159 ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 7-1-21WHY DISAGREE: First level Grievance from 9-20-20 has not been replied to, way over a timely period (45 days) per AR 740. I am still suffering in extreme pain, now forced to climb to a top bunk with leg pain, with no treatment for years! I need medical attention!GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 7/8/21

SECOND LEVEL RESPONSE: _____

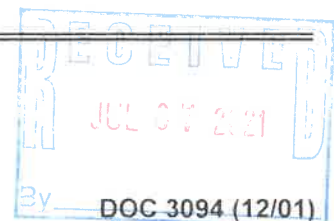
GRIEVANCE UPHELD GRIEVANCE DENIED _____ ISSUE NOT GRIEVABLE PER AR 740SIGNATURE: Michael Muey TITLE: Medical Director DATE: 11/6/2022

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____

INMATE SIGNATURE: [Signature] DATE: 2-1-22

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt



LOG NUMBER: 2006 310 4159

NEVADA DEPARTMENT OF CORRECTIONS SECOND LEVEL GRIEVANCE

NAME: Brandon EvansI.D. NUMBER: 1212103INSTITUTION: High Desert State PrisonUNIT: 10-B-19

I REQUEST THE REVIEW OF THE GRIEVANCE. LOG NUMBER 2006 310 4159 ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature]DATE: 7-1-21WHY DISAGREE: First level Grievance from 9-20-20 has not been replied to, way over a timely period (45 days)

Per AR 740, I am still suffering in extreme pain, can't expect to climb to a top bunk with two bags, with no treatment for years! I'm medical attention!

GRIEVANCE COORDINATOR SIGNATURE: [Signature]DATE: 7/8/21

SECOND LEVEL RESPONSE: _____

GRIEVANCE UPHOLD _____

GRIEVANCE DENIED _____

ISSUE NOT GRIEVABLE PER AR 740 _____

SIGNATURE: Michael MinevTITLE: Medical DirectorDATE: 11/6/2021**Michael Minev M.D.**

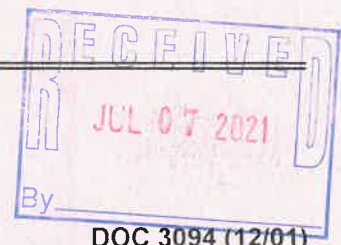
GRIEVANCE COORDINATOR SIGNATURE: _____

DATE: _____

INMATE SIGNATURE: [Signature]DATE: 2-1-22

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt



DOC 3094 (12/01)

04

Log Number 2006 310 4159

Butterrey

NEVADA DEPARTMENT OF CORRECTIONS
FIRST LEVEL GRIEVANCENAME: Brandon Evans I.D. NUMBER: 1212103
INSTITUTION: HOSP UNIT: 10-F-28I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 2006 310 4159, IN A FORMAL MANNER. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 9-20-20WHY DISAGREE: You have NOT responded to the I/F in a timely manner. I need Actual Medical treatment for my fibromyalgia - I AM SUFFERING, Remedy - C-SEE me & treat my medical issues.GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 10/6/20

FIRST LEVEL RESPONSE: _____

GRIEVANCE UPHELD _____ GRIEVANCE DENIED _____ ISSUE NOT GRIEVABLE PER AR 740

WARDEN'S SIGNATURE: _____ TITLE: _____ DATE: _____

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____

INMATE AGREES _____ INMATE DISAGREES

INMATE SIGNATURE: _____ DATE: _____

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A SECOND LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
Canary: To Grievance Coordinator
Pink: Inmate's receipt when formal grievance filed
Gold: Inmate's initial receipt

RECEIVED

FILE COPY

SEP 21 2021

HOSP

DOC 3093 (12/01)

Case worker Faliszek D5

INMATE REQUEST FORM

1.) INMATE NAME <u>Brandon Evans</u>	DOC # <u>1212103</u>	2.) HOUSING UNIT <u>10K-26</u>	3.) DATE <u>9-13-20</u>
---	-------------------------	-----------------------------------	----------------------------

- 4.) REQUEST FORM TO: (CHECK BOX)
- ☒ CASEWORKER ☐ MEDICAL ☐ MENTAL HEALTH ☐ CANTEEN
- ☐ EDUCATION ☐ VISITING ☐ LAW LIBRARY ☐ DENTAL
- ☐ LAUNDRY ☐ PROPERTY ROOM ☐ SHIFT COMMAND ☐ OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Mr. Faliszek

6.) REQUEST: (PRINT BELOW) I submitted A Medical grievance over 45 days ago, @ the informal level

Please provide the Log #

Thank you

7.) INMATE SIGNATURE [Signature] DOC # 1212103

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

GR #

2006 31 04159

10.) RESPONDING STAFF SIGNATURE

[Signature]

DATE 9-15-2020

FILE COPY

SEP 21 2020

DOC-3012 (REV. 7/01)

7-1-2020

1137

Log Number 2006-31-04159NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCENAME: Brandon Evans I.D. NUMBER: 1212103INSTITUTION: HOSP UNIT: 10-F-25

GRIEVANT'S STATEMENT: I am filing this grievance because
HOSP-medical delivery system, Doctors and Nurses
Are Aware of my Fibromyalgia and are failing to
treat me Adequately. This constitutes medical deliberate
Indifference a Violation of my Federal rights.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 6-29-20 TIME: 1700hrsGRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 7-6-20 TIME: 6:04

GRIEVANCE RESPONSE: _____

CASEWORKER SIGNATURE: _____ DATE: _____

☐ GRIEVANCE UPHOLD ☐ GRIEVANCE DENIED ☐ ISSUE NOT GRIEVABLE PER AR 740

GRIEVANCE COORDINATOR APPROVAL: _____ DATE: _____

☐ INMATE AGREES ☐ INMATE DISAGREES

INMATE SIGNATURE: _____ DATE: _____

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
 Canary: To Grievance Coordinator
 Pink: Inmate's receipt when formal grievance filed
 Gold: Inmate's initial receipt

RECEIVED

JUL 02 2020

FILE COPY HDSP
003091 (12 / 01)

Log Number

2006-31-04159

NEVADA DEPARTMENT OF CORRECTIONS INFORMAL GRIEVANCE

NAME: Brendon EvansI.D. NUMBER: 1212103INSTITUTION: H1058UNIT: 10-F-25

GRIEVANT'S STATEMENT:

I am filing this grievance because
H1058 medical delivery system, Doctors and Nurses
Are Aware of my Fibromyalgia and are failing to
treat me adequately. This constitutes medical deliberate
indifference in violation of my Federal rights

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature]

DATE: _____ TIME: _____

GRIEVANCE COORDINATOR SIGNATURE: [Signature]DATE: Feb-21 TIME: 6:04

GRIEVANCE RESPONSE:

CASEWORKER SIGNATURE: _____

DATE: _____

☐ GRIEVANCE UPHeld ☐ GRIEVANCE DENIED ☐ ISSUE NOT GRIEVABLE PER AR 740

GRIEVANCE COORDINATOR APPROVAL: _____

DATE: _____

☐ INMATE AGREES☐ INMATE DISAGREES

INMATE SIGNATURE: _____

DATE: _____

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY
BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original:

To inmate when complete, or attached to formal grievance

Canary:

To Grievance Coordinator

Pink:

Inmate's receipt when formal grievance filed

Gold:

Inmate's initial receipt

RECEIVED

JUL 02 2020

FILE COPY HDSP
DOC 0091 (12 / 01)

08

**NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME: Brandon Evans I.D. NUMBER: 12 | 2103

INSTITUTION: HDSP UNIT #: 10-F-25

GRIEVANCE #: _____ GRIEVANCE LEVEL: I/F

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

I have Fibromyalgia which causes extreme physical PAIN, digestion problems, Joint Problems as well as Fatigue. I was able to Adequately treat this with a Doctor on the Streets, But the HDSP Doctors are completely Failing to treat me meaningfully HARM = I Feel tortured and Like I am going to die I Hurt so BAD!! Please Help me!

Remedy: HAVE me seen By a doctor, And HAVE the doctor provide Meaningful treatment NOT Just tylenol.

Original: Attached to Grievance
Pink: Inmate's Copy

RECEIVED

JUL 02 2020

DOC - 3097 (01/02)

FILE COPY HDSP

PRINT NAME: Brandon Kenneth Evans

(Also print name and ID# at bottom of form where indicated)

ID#: 1212103DOB: 11/16/1995Institution: HOSPDate submitted: 4/23/2020Signature: [Signature]Medical: ☒Dental: ☐Mental Health: ☐Nursing: ☐Other: ☐

Reason for request: (Describe below)

I have been waiting 4 + months for a follow up appointment to finally get treatment for my Fibromyalgia. Medical is well aware of this and is telling me undereated and suffering while I wait. My not being seen and treated is with some deliberate indifference from medical at HOSP.

DO NOT WRITE IN AREA BELOW

Response to request:

YOU ARE SCHEDULED AND WILL BE NOTIFIED
the day of your appointment.

RM

☐Appointment Schedule for: 1/1Rescheduled for: 1/1☐

No visit necessary

☐

No Show for Appointment

☐

Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

☐

KOP

☐

NON-KOP

☐Order Date: 1/1

PLAN

☐Follow-up appointment 1/1☐

Return if needed

☐

No follow-up required

Signature/Title of Provider [Signature]Date 4/23/20

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or
SERVICE REPORTNAME: Evans Brandon K

Last

First

ID#: 1212103

RECEIVED

Unit/Cell#: 10-F-25

JUL 02 2020

FILE COPY

JUL 02 2020
DOC 2500 (03/19)

INMATE REQUEST FORM

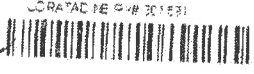
RECEIVED APR 08 2020

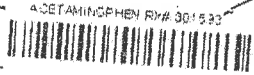
1.) INMATE NAME Brandon K Evans	DOC # 1212103	2.) HOUSING UNIT 10-C-20	3.) DATE 3-30-20
------------------------------------	------------------	-----------------------------	---------------------

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> SHIFT COMMAND	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Nursing / Refills6.) REQUEST: (PRINT BELOW) KOPSDOB 11/18/95

4/21  please Refill

4/21  expired - Give Tylenol PM
Please Renew and Refill

I was supposed to have a follow up appt. before this expired on 2-3-20 but I still haven't been seen again for my fibromyalgia yet.

7.) INMATE SIGNATURE BMDOC # 1212103

8.) RECEIVING STAFF SIGNATURE _____

DATE _____

9.) RESPONSE TO INMATE

#301593 Rx expired - Give Tylenol PM
PM

10.) RESPONDING STAFF SIGNATURE _____

DATE _____

RECEIVED

JUL 02 2020

FILE COPY HDSP

DOC - 3012 (REV. 7/01)

PRINT NAME: Brandon Kenneth Evans

(Also print name and ID# at bottom of form where indicated)

ID#: 1212103DOB: 11 11 1995Institution: HPSPDate submitted: 12/9/19Signature: [Signature]Medical: ☒Dental: ☐Mental Health: ☐Nursing: ☒

Other: _____

Reason for request: (Describe below)

I finally received some of my KOPS after being
sent by the DF but I did not get the
fiber pills for my GI issues.

I also want to make sure my medical records come
in from EKO before my follow up appointment.

DO NOT WRITE IN AREA BELOW

Response to request:

DEC 12 2019

E.V.

Scheduled

☐

Appointment Schedule for: _____

Rescheduled for: _____

☐

No visit necessary

☐

No Show for Appointment

☐

Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

☐

KOP

☐

NON-KOP

☐

Order Date: _____

PLAN

☐

Follow-up appointment _____

☐

Return if needed

☐

No follow-up required

Signature/Title of Provider _____

Date: _____

NEVADA DEPARTMENT OF CORRECTIONS

**MEDICAL KITE and/or
SERVICE REPORT**

NAME: Evans

Last

First

MI

FILE COPY
ID# 1212103
Unit/Cell#: 10-F-7

RECEIVED

JUL 02 2020

HDSP

D12

PRINT NAME: Brandon Kenneth Evans

(Also print name and ID# at bottom of form where indicated)

ID#: 1212103DOB: 11 11 1995Institution: HDSPDate submitted: 12 10 19Signature: [Signature]Medical: ☒Dental: ☐Mental Health: ☐Nursing: ☐

Other: _____

Reason for request: (Describe below)

I was seen a month ago and haven't gotten my KOPS for Extra Strength acetaminophen and fiber. I also want to make sure my records request came in from DR. Patel in EIKO and that I have a follow up appointment.

DO NOT WRITE IN AREA BELOW

Response to request:

Request sent to pharmacy, waiting for delivery.

- ☐ Appointment Schedule for: 1 / 1 Rescheduled for: 1 / 1
- ☐ No visit necessary
- ☐ No Show for Appointment
- ☐ Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

- ☐ KOP ☐ NON-KOP
- ☐ Order Date: 1 / 1

PLAN

- ☐ Follow-up appointment 1 / 1 ☐ Return if needed
- ☐ No follow-up required

Signature/Title of Provider: [Signature]Date: 12.7.19

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or SERVICE REPORT

NAME: Evans Brandon K

Last

First

MI

ID#: 1212103

JUL 02 2020

FILE COPY - 7

HDSP

DOC 2500 (02/10)

D13

RECEIVED
NOV 5 2019

PRINT NAME: Brandon Kenneth Evans ID#: 1212103
 (Also print name and ID# at bottom of form where indicated) DOB: 11/16/1995
 BY: HPSP Date submitted: 10/14/2019 Signature: [Signature]
 Institution: HPSP
 Medical: ☒ Dental: ☐ Mental Health: ☐ Nursing: ☐ Other: _____
 Reason for request: (Describe below) - and never rescheduled
My last 2 appointments have been skipped or
cancelled after I was notified. I've been waiting for
6 months to be seen for my fibromyalgia -
I haven't been seen since intake. This chronic life need
is being ignored and I am suffering because of medical's willful indifference
I've developed a GI bleed (over a month now - Kites in rect) from IBCS.
DO NOT WRITE IN AREA BELOW
 Response to request:
Scheduled
☐ Appointment Schedule for: / / Rescheduled for: / /
☐ No visit necessary
☐ No Show for Appointment
☐ Refused to be seen. DOC 2523-Release of Liability signed
PRESCRIPTIONS
☐ KOP ☐ NON-KOP
☐ Order Date: / /
PLAN
☐ Follow-up appointment / / ☐ Return if needed
☐ No follow-up required
Smattering RN
 Signature/Title of Provider Date
 BY: _____

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or
SERVICE REPORTNAME: Evans Brandon K

Last

First 02 2020

MI

ID#: 1212103Unit/Cell#: 10-f-7

FILE COPY

HPSP

PRINT NAME: Brandon Kenneth Evans

(Also print name and ID# at bottom of form where indicated)

ID#: 1212103DOB: 11-11-1955Institution: HDSPDate submitted: 9.10.19Signature: [Signature]Medical: ☒Dental: ☐Mental Health: ☐Nursing: ☐

Other: _____

Reason for request: (Describe below)

My fibromyalgia symptoms have gotten extremely bad, I haven't been seen by medical in over 6 months - since in take. I can't sleep due to the pain and can barely climb up to my bunk. All the kites I've been putting in for 3 months have gone unanswered. I have a GI bleed from IBU from cointeen vpr

DO NOT WRITE IN AREA BELOW

Response to request:

You are scheduled and will be notified the day of your appointment.

RN

☐

Appointment Schedule for:

☐

No visit necessary

☐

No Show for Appointment

☐

Refused to be seen. DOC 2523-Release of Liability signed

Rescheduled for: / /

PRESCRIPTIONS

☐

KOP

☐

NON-KOP

☐Order Date: / /

PLAN

☐Follow-up appointment / / ☐

No follow-up required

☐

Return if needed

Signature/Title of Provider [Signature]Date 9.13.19

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or
SERVICE REPORT

REC 9-18-18

NAME: Evans Brandon K

Last

First

MI

ID#: 1212103

RECEIVED

Unit/Cell#: 9-A

JUL 02 2020

FILE COPY

HDSP 500 (03/19)

PRINT NAME: Branon Evans

(Also print name and ID# at bottom of form where indicated)

ID#: 1212103DOB: 11/16/95Institution: HDSPDate submitted: 8/19/19Signature: [Signature]Medical: ☒Dental: ☐Mental Health: ☐Nursing: ☐

Other: _____

Reason for request: (Describe below)

My fibromyalgia has gotten severely bad - I can't sleep due to the pain. Can't climb up to the top bunk. I need an antipsychotic like melatonin or something. This is my 3rd kite regarding this, the others, put in over a month ago have gone unanswered. I am suffering due to my medical disability going untreated. Also my KOP allergy pills aren't working, is it possible to get Azelastine nasal spray? Need to request regards from my track.

DO NOT WRITE IN AREA BELOW

Response to request:

ok to schedule the day of you, be notified

RN

- ☐ Appointment Schedule for: / / Rescheduled for: / /
- ☐ No visit necessary
- ☐ No Show for Appointment
- ☐ Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

- ☐ KOP ☐ NON-KOP
- ☐ Order Date: / /

PLAN

- ☐ Follow-up appointment / / ☐ Return if needed
- ☐ No follow-up required

Signature/Title of Provider [Signature]Date 10/1/19

NEVADA DEPARTMENT OF CORRECTIONS

**MEDICAL KITE and/or
SERVICE REPORT**NAME: Evans Branon K

Last

First

MI

ID#: 1212103**RECEIVED**Unit/Cell# 9-A-7**JUL 02 2020****FILE COPY****HDSP** 1500-2500 (03/19)

D 16

PRINT NAME: Brandon Kenneth Evans

(Also print name and ID# at bottom of form where indicated)

ID#: 1212103DOB: 11 / 18 / 195Institution: HDSPDate submitted: 7 / 19 / 19Signature: [Signature]Medical: ☒Dental: ☐Mental Health: ☐Nursing: ☐

Other: _____

Reason for request: (Describe below)

My Fibromyalgia symptoms are getting much worse, I can't
climb up to the top bunk and can't fall asleep due to
the pain. I need to get a bottom bunk and naproxen RX

Thank you

DO NOT WRITE IN AREA BELOW

Response to request:

You are scheduled and will be on
 the day of your appointment.

☐

Appointment Schedule for: _____

Rescheduled for: _____

☐

No visit necessary

☐

No Show for Appointment

☐

Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

☐

KOP

☐

NON-KOP

☐

Order Date: _____

PLAN

☐

Follow-up appointment _____

☐

Return if needed

☐

No follow-up required

Signature/Title of Provider _____

Date _____

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or SERVICE REPORT

NAME: Evans Brandon

Last

First

RECEIVED

ID#: 1212103

JUL 02 2021

REC 9-16-19

FILE COPY

HDSP

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Brandon Evans	1212103	10-B-19	9-26-21

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input checked="" type="checkbox"/> OTHER <u>Warden</u>	

5.) NAME OF INDIVIDUAL TO CONTACT: Warden Calvin Johnson ADSP
 pursuant to U.S.C. § 1746 and NRS 208.165

6.) REQUEST: (PRINT BELOW) I have not been seen by medical in nearly two years
for my Fibromyalgia. I have received no reply at any level, to my
complaint regarding this (20063104159) well past every timeline per OP740
and AR740, including first level, which you are responsible for. ADSP
medical refuses to help or even see me, while I suffer in pain
that can be managed with the help of a qualified doctor. This is
unnecessary and deliberate infliction of pain upon me.

7.) INMATE SIGNATURE [Signature] Under penalty of perjury DOC # 1212103
 8.) RECEIVING STAFF SIGNATURE [Signature] DATE 9/26/21

9.) RESPONSE TO INMATE

Medical staff was contacted in regards to the above
information. It should first be noted that you did not
mention the above during the intake process, which
could have speed up your interaction w/medical. However,
as a result of COVID19, Medical became backed up w/
patients. Medical is now fully staffed and is working
diligently to see everyone ADSP. You are on their clinic list.

10.) RESPONDING STAFF SIGNATURE AW Montague DATE 9/30/21

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Brandon Evans	1212103	10-B-19 HDSP	9-28-21

4.) REQUEST FORM TO: (CHECK BOX)

☐ MENTAL HEALTH
 ☐ CANTEEN
☐ CASEWORKER
 ☐ MEDICAL
 ☐ LAW LIBRARY
 ☐ DENTAL
☐ EDUCATION
 ☐ VISITING
 ☐ SHIFT COMMAND
☐ LAUNDRY
 ☐ PROPERTY ROOM
 ☒ OTHER Director - NDOC

5.) NAME OF INDIVIDUAL TO CONTACT: Director Charles Daniels
 pursuant to U.S.C. § 1746 and MPB 208.165

6.) REQUEST: (PRINT BELOW) I have not been seen by medical in nearly two
years for my Fibromyalgia. I have received no reply, at any level, to my
complaint regarding this (2006 3104159) well past every timeline per AR 740,
including second level, which you are responsible for. HDSP medical refuses to
help or even see me, while I suffer in pain that can be managed with the
help of a qualified doctor. This is unnecessary and deliberate infliction of
pain upon me.

7.) INMATE SIGNATURE [Signature] under penalty of perjury DOC# 1212103
 8.) RECEIVING STAFF SIGNATURE [Signature] DATE 9/26/21

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

F2

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Brandon Evans	1212103	10-B-19	9-23-21

4.) REQUEST FORM TO: (CHECK BOX)

☒ CASEWORKER ☐ MEDICAL ☐ MENTAL HEALTH ☐ CANTEEN

☐ EDUCATION ☐ VISITING ☐ LAW LIBRARY ☐ DENTAL

☐ LAUNDRY ☐ PROPERTY ROOM ☐ SHIFT COMMAND ☐ OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: S. Barrett CSS III

6.) REQUEST: (PRINT BELOW) I have not been seen by medical in nearly two years for my Fibromyalgia. I have received no reply, at any level, to my grievance regarding this (2006 3104159) well past every timeline per AR 740 (including 2nd level) HDSP medical refuses to help me or even see me, while I suffer in pain that can be easily managed with a doctors help. This is unnecessary and deliberate infliction of pain upon me.

7.) INMATE SIGNATURE [Signature] DOC # 1212103

8.) RECEIVING STAFF SIGNATURE Sgt C Ashcraft DATE 9-23-21

 Cro Whiticker Refused to sign 8:09pm 9-23-21
 9.) RESPONSE TO INMATE

Medical Notified

10.) RESPONDING STAFF SIGNATURE [Signature] DATE 10/1/21

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Brandon Evans	1212103	10-B-19	9-23-21

4.) REQUEST FORM TO: (CHECK BOX) _____ MENTAL HEALTH _____ CANTEEN
 _____ CASEWORKER _____ MEDICAL _____ LAW LIBRARY _____ DENTAL
 _____ EDUCATION _____ VISITING _____ SHIFT COMMAND
 _____ LAUNDRY _____ PROPERTY ROOM ☒ OTHER 9-12 LT

5.) NAME OF INDIVIDUAL TO CONTACT: LT. oniveros (9-12/PSL supervisor)

6.) REQUEST: (PRINT BELOW) I have not been seen by medical in nearly two years for my Fibromyalgia, I have received no reply, at any time, to my clearance regarding this (20063104159) well past my timeline per AR740 (including 206) HOSP medical refusal to help or even see me, while I suffer in pain that can be easily managed with a doctor's help. This is unnecessary and deliberate infliction of pain upon me.

7.) INMATE SIGNATURE [Signature] DOC # 1212103

8.) RECEIVING STAFF SIGNATURE Sgt. R. Ashcroft DATE 9-23-21

9.) RESPONSE TO INMATE

C/O Whitticker
 09/23/21

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

F4

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Granada Evans	1212103	10-E-19	9-19-21

4.) REQUEST FORM TO: (CHECK BOX)

☐ CASEWORKER ☐ MEDICAL ☐ LAW LIBRARY ☐ CANTEEN
☐ EDUCATION ☐ VISITING ☐ SHIFT COMMAND
☐ LAUNDRY ☐ PROPERTY ROOM ☒ OTHER AW

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. R. Oliver

6.) REQUEST: (PRINT BELOW) I have not been seen by medical
in nearly two years for my Filariasis. I have
received no reply, at any level, to my letters
regarding this (2015-310-4159) but put reply time
in AR 740 (including 2nd letter) HOSP medical refuses to
help or even see me while I'm suffering in horrific
constant pain, which can be easily managed with
a doctor's help. This is negligence and deliberate ignoring of human

7.) INMATE SIGNATURE [Signature] DOC # 1212103

8.) RECEIVING STAFF SIGNATURE [Signature] DATE 9-19-21

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

F5

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
R. Golden Evans	1212103	10-B-19	9-23-21

- 4.) REQUEST FORM TO: (CHECK BOX)
- ☒ CASEWORKER ☐ MEDICAL ☐ MENTAL HEALTH ☐ CANTEEN
- ☐ EDUCATION ☐ VISITING ☐ LAW LIBRARY ☐ DENTAL
- ☐ LAUNDRY ☐ PROPERTY ROOM ☐ SHIFT COMMAND ☐ OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: GRIEVANCE Coordinator (T. Harris PP)

6.) REQUEST: (PRINT BELOW) I have received no reply at any
time to Grievance # 2006 2104159 - will ask
every timeline in AR740. I need medical
help. please furnish a reply and get on
this Grievance. These delays further prolong
my suffering in extreme, yet treatable, pain.

7.) INMATE SIGNATURE [Signature] DOC # 1212103

8.) RECEIVING STAFF SIGNATURE [Signature] DATE 9-23-21

 (The individual refused to sign) 9.) RESPONSE TO INMATE
 9:09 PM 9-23-21

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

F6

INMATE REQUEST FORM

1.) INMATE NAME <u>Blanton Ewing</u>	DOC # <u>1212103</u>	2.) HOUSING UNIT <u>A4 Cell</u> <u>10 (ten) B 19</u>	3.) DATE <u>10-17-21</u>
---	-------------------------	---	-----------------------------

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> SHIFT COMMAND	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Medical Scheduling

6.) REQUEST: (PRINT BELOW) Can you please tell me the (A) name and job position / title of the person (nurse?) in charge of scheduling sick call and medical appointments?
Thank you

7.) INMATE SIGNATURE [Signature] DOC # 1212103
8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Brandon Evans	1212103	10-B-19	2-8-21

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> SHIFT COMMAND	<input type="checkbox"/> OTHER

5.) NAME OF INDIVIDUAL TO CONTACT: G. Worthy - HIC

6.) REQUEST: (PRINT BELOW) I need to review my medical records. I've sent multiple Doc 2500 medical kits for this with no reply, or told I'm on the list 4+ months ago. This is needed for litigation in false Federal case #: 2:21-cv-02247. Please refer to AR 639.03 #4A.a (3-5 & 6S) when scheduling this.

Thank you for your time.

7.) INMATE SIGNATURE BME DOC # 1212103

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

You have been placed on the list for a chart review. You must bring your photo ID. You may bring a pen and paper for notes.

The list is quite long.

10.) RESPONDING STAFF SIGNATURE G. Worthy - HIC DATE 2-8-22

NAME Blandon Evans ID# 1212103 Unit/Cell# 7en 10+B-19
FACILITY HOSP DATE 11-16-21 SIGNATURE [Signature]

Request

Has HOSP medical requested my medical records / previous lab work from 1960corp?

I have logs of bloodwork results with them.

INMATES - DO NOT WRITE IN AREA BELOW
ASSIGNED TO

☐ Medical ☐ Dental ☐ Psychiatry ☐ Nursing ☐ Other _____

Response to request

Please schedule to see provider for results of lab work.

- ☐ Appointment scheduled/rescheduled for: _____
☐ No visit necessary
☐ No show for appointment
☐ Refused to be seen. DOC 2523 Release of Liability signed

PRESCRIPTIONS

☐ KOP ☐ NON-KOP
☐ Order date _____

PLAN

☐ Follow-up appointment _____ ☐ Return if needed
☐ No follow-up required

[Signature] HIC
Signature of practitioner/responder

12-1-21
Date

NEVADA DEPARTMENT OF CORRECTIONS
MEDICAL KITE and SERVICE REPORT

G

Submission Dates of medical Requests

7-19-19

(Kites)

8-19-19

9-10-19

10-14-19

12-9-19

1-6-20

2-11-20

3-11-20

3-30-20

4-23-20

7-29-21

7-30-21

8-3-21

8-5-21

8-7-21

8-9-21

8-16-21

10-18-21

11-16-21

11-17-21

12-20-21

3-3-22

CHECK YOUR SYMPTOMS

FIND A DOCTOR

FIND A DENTIST

CONNECT TO CARE

FIND LOWEST DRUG PRICE

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H1

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**FIBROMYALGIA
GUIDE**

Overview & Facts
Symptoms & Signs
Treatment & Care
Living With Fibromyalgia

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FIBROMYALGIA**

Chronic Fatigue
Syndrome
Drug Interaction Checker
Family Health

Fibromyalgia > Guide >

What Causes Fibromyalgia?

When you get injured, nerve signals travel from the problem spot on your body through your spinal cord to your **brain**, which senses these signals as pain. It's a warning that something's wrong. As you heal, the **pain** gets better, and in time it goes away.

But if you have **fibromyalgia**, you hurt all over even when you're not sick or injured. And the pain doesn't go away. Some doctors think they know why: a glitch in the way your **brain** and spinal cord handle pain signals.

When you have **fibromyalgia**, you may have more cells that carry pain signals than normal. And you may have fewer cells that slow pain signals down. This means your pain volume is always turned up, like music blasting on a radio. The result is that minor bumps and **bruises** hurt more than they should. And you may feel pain from things that shouldn't hurt at all.

Doctors aren't sure why some people get **fibromyalgia**. Many things could cause the body's pain signals to go awry. Plus, different people report different things that seemed to trigger their condition. You can even have more than one cause. They can include:

TODAY ON WEBMD**Physical Therapy**

Can it help your fibromyalgia flare-ups?

**Fibromyalgia Treatments**

Medications, lifestyle changes, and more.

**Working with Fibro**

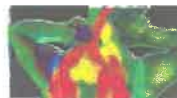
Tips to modify your workspace is one step.

**Getting a Fibro Diagnosis**

Learn what steps to take.

RECOMMENDED FOR YOU**SLIDESHOW**

9 Things You Can Do to Avoid Fibromyalgia Pain and Fatigue

**SLIDESHOW**

a Visual Guide to Understanding Fibromyalgia

**SLIDESHOW**

Fibromyalgia-Friendly Exercises

**ARTICLE**

Fibromyalgia: Work and Disability

**SLIDESHOW**

12 Tips for Coping With Fibromyalgia

**SLIDESHOW**

Fibromyalgia Exercises to Do at Home

ARTICLE

How Can Physical Therapy Help Fibromyalgia?

Irritable Bowel Syndrome
Pain Management
Sex & Relationships
Sleep Disorders

H2

- **Genes.** Fibromyalgia seems to run in families. Your parents may pass on genes that make you more sensitive to pain. Other genes can also make you more likely to feel anxious or depressed, which makes pain worse.
- **Other diseases.** A painful disease like [arthritis](#) or an infection raises your chances of getting fibromyalgia.
- **Emotional or physical abuse.** Children who are abused are more likely to have the condition when they grow up. This may happen because abuse changes the way the [brain](#) handles pain and [stress](#).
- **Posttraumatic stress disorder (PTSD).** Some people have this [mental health](#) problem after a terrible event, like war, a car crash, or rape. These events are also linked to fibromyalgia in some people.
- **Gender.** The condition is much more common in women than men. Doctors think this could be related to differences in the way men and women feel and react to pain, as well as how society expects them to respond to pain.
- **Anxiety and depression.** These and other [mood disorders](#) seem linked to fibromyalgia, though there's no proof that they actually cause the condition.
- **Not moving enough.** The condition is much more common in people who aren't physically active. [Exercise](#) is one of the best [treatments for](#)



QUIZ

Fibromyalgia Alternative Treatments, Supplements, and Diet

TOOLS & RESOURCES

Fibromyalgia in Children and Teenagers: Symptoms and Treatments

What Is Fibromyalgia?

An Overview of Fibromyalgia Treatments

a Visual Guide to Understanding Fibromyalgia

9 Things You Can Do to Avoid Fibromyalgia Pain and Fatigue

Fibromyalgia Exercises to Do at Home

TOOLS & RESOURCES

Fibro-Friendly Exercises

Fight Fibro Fatigue

Fibro Exercises You Can Do at Home

Video: Fibromyalgia Symptoms and Treatments

Medications That Treat Fibromyalgia

Fibromyalgia: Safe Supplements



H3

fibromyalgia you already have. It can help turn the pain volume down.

WebMD Medical Reference | Reviewed by **David Zelman, MD** on August 08, 2019

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NEXT ARTICLE



Fibromyalgia Guide >

[Learn more about fibromyalgia, including symptoms, diagnosis, and treatment options.](#)

1	Overview & Facts	3	Treatment & Care
2	Symptoms & Signs	4	Living With Fibromyalgia

TOP PICKS

[Fibromyalgia Health Check: Get a Personalized Report](#)

Fibromyalgia Health Check: Get a Personalized Report

Easy Exercises for Pain Relief

What You Need to Know About Fibromyalgia

WebMD

H4

Fibromyalgia Pain

By Debra Fulghum Bruce, PhD

✓ Medically Reviewed by David Zelman, MD on June 16, 2020

Fibromyalgia Pain

FIBROSIT FIBROSIT

Fibrosit

Fibrosit

Whether you are experiencing painful tender points, deep [muscle pain](#), chronic headaches, unending back pain, or [neck pain](#), you know how fibromyalgia feels. People with [fibromyalgia](#) experience pain in ways no one else can really understand.

But what is pain? What causes it? Is [fibromyalgia](#) pain acute (short term) or chronic (long term)? And what impact does [fibromyalgia](#) pain have on every part of your life?

What Is Pain?

Pain is an uncomfortable feeling in your body that warns you something is wrong. While this feeling is the body's way of alerting your [brain](#) that there is a problem, after it goes on for weeks or even months, pain becomes a part of your very existence. At that point, not only is pain a symptom that something is wrong, but pain becomes the disease itself.

What Is Fibromyalgia-Related Pain?

Fibromyalgia-related pain is pain that causes you to ache all over. You may have painful "tender points," places on your body that hurt no matter what medication you take. Your muscles may feel like they have been overworked or pulled even though you haven't exercised. Sometimes, your muscles will twitch. Other times they will burn or ache with deep stabbing pain. Some patients with fibromyalgia have pain and achiness around the joints in their neck, shoulders, back, and hips. This kind of pain makes it difficult to sleep or exercise.

How Does the Brain Perceive Pain?

There are over 20 different kinds of nerve endings in your skin that tell you if among other sensations something is hot, cold, or painful. These nerve endings convert mechanical, thermal, or chemical energy into electrical signals that convey information to the brain and spinal cord -- also known as the central nervous system or CNS. These signals travel to areas of your CNS where you perceive the stimuli as the sensations you actually feel -- sensations such as searing, burning, pounding, or throbbing.

Research suggests that the pain associated with fibromyalgia is caused by a "glitch" in the way the body processes pain. This glitch results in a hypersensitivity to stimuli that normally are not painful. According to the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), research has shown that people with fibromyalgia have reduced blood flow to parts of the brain that normally help the body deal with pain.

Is Fibromyalgia Pain Acute or Chronic?

Acute pain comes on suddenly and can be severe. For instance, think about how suddenly your back can ache after you've bent down to lift a heavy package or a child. Yet, in more than 80% of cases, acute pain goes away in about two weeks. It runs its course and disappears as the problem is relieved. If your pain from a strained muscle lasts only a few days or weeks, it is considered acute.

Chronic pain is pain that lasts much longer than someone would normally expect based on the original problem or injury. When pain becomes chronic, our bodies react in several ways. Chronic pain may be associated with abnormalities in brain chemicals, low energy, mood disorders, muscle pain, and impaired mental and physical performance. As neurochemical changes in your body increase your sensitivity to pain, the chronic pain worsens. You begin to have pain in other parts of the body that do not normally hurt.

What Are Fibromyalgia's Tender Points?

Tender points are localized areas of tenderness typically above muscles, tendons or bones-- that hurt when pressed. Tender points are not areas of deep pain. Instead, they are superficial areas seemingly under the surface of the skin, such as over the elbow or shoulder. People with fibromyalgia often have 11 or more out of a possible 18 tender points.

How Does the Chronic Pain of Fibromyalgia Impact Lives?

Fibromyalgia's chronic pain seems unending. The ongoing headaches, neck pain, aching joints, and painful tender points prevent sleep, causing you to awaken frequently at night. The chronic sleep disorder of fibromyalgia results in

increased achiness, morning stiffness, and daytime **fatigue**. While you want to **exercise** and be active, you may suffer with **foot pain**, **hip pain**, knee pain, or other painful joints. All of these make it next to impossible to exercise with friends or to play with your kids or grandkids.

The constant **pain causes** more irritation and difficulty dealing with others, including family members, friends, and people at work. For women with fibromyalgia who must take care of family members and work full-time, **coping with pain** is a challenge. If there is undiagnosed pain and no effective treatment or medication for the fibromyalgia, the overwhelming feelings can lead to irritability, exhaustion, anxiety, social isolation, and depression.

How Can I Get Relief for Undiagnosed Fibromyalgia Pain?

Talk to your doctor about your **symptoms of fibromyalgia**, including the body aches, aching joints, painful tender points, and **fatigue**. With a multifaceted program of effective drugs, alternative therapies, **psychotherapy**, and mind/body remedies, you should be able to find good relief of symptoms and reclaim your active life again.

WebMD Medical Reference

Sources 

SOURCES:

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Persistent and Chronic Fatigue



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How Is Fibromyalgia Diagnosed?

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✓ Medically Reviewed by [David Zelman, MD](#) on August 11, 2021

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You could call [fibromyalgia](#) a copycat condition. Its main symptoms -- widespread [pain](#) and [fatigue](#) -- are a lot like those of other health problems. And there's no test or scan that can [diagnose fibromyalgia](#), so it can be hard for your doctor to nail down what's causing your aches and pains.

If you think you could have it, pack your patience. You may need to see several doctors to get the right diagnosis. Once you do, the right treatments can help you feel better.

First Steps

Your family doctor may be able to tell you have [fibromyalgia](#) if they're familiar with the condition. But you'll probably want to see a [rheumatologist](#), a doctor who's an expert in problems with joints, muscles, and bones.

Your rheumatologist will ask you about your health and family history -- you're more likely to have fibromyalgia if other people in your family have it.

They'll give you a [physical exam](#) and may check for [tender points](#). People who have [fibromyalgia](#) often feel tenderness when pressure is put on certain spots, generally around the back of your head, your neck, shoulders, elbows, knees, and hips.

They'll also ask about your symptoms, so it's a good idea to keep a detailed record of where and when you hurt. Is the pain dull or sharp? Does it come and go, or is it constant? Are you [tired](#) a lot or not thinking clearly? Write down any other problems you have, even if you don't think they're related.

Fibromyalgia or Something Else?

Several conditions [cause pain](#), muscle aches, and fatigue, just like fibromyalgia:

- [Hypothyroidism](#): Your [thyroid](#) gland doesn't make enough of a certain hormone.

- **Rheumatoid arthritis or lupus:** Problems with your **immune system** cause swelling and pain.
- **Osteoarthritis:** This is the “wear and tear” type of **arthritis**.
- **Ankylosing spondylitis:** This is a specific type of arthritis that causes pain and **inflammation** in your **spine**.
- **Polymyalgia rheumatica:** This disorder causes widespread pain and stiffness that come on quickly.

Your doctor will want to rule out any of these other problems. They may take a sample of your **blood** to check your hormone levels or look for signs of **inflammation**. You may also get X-rays so they can look at your bones.

Fibromyalgia Scoring System

If your doctor can't find another reason for your symptoms, they'll use a two-part process to help figure out if you have fibromyalgia. One part involves the trademark widespread pain on both sides of your body and above and below your waist. The other part measures how bad your symptoms are.

They'll ask if you've had pain in 19 specific places in the past week, including your arms, legs, back, jaw, and neck. This is called the widespread pain index (WPI), and scores range from 0 to 19.

The symptom severity (SS) scale measures three key symptoms during the past week:

- **Fatigue**
- Waking up still tired
- Thinking problems

The SS scale ranges from 0 to 3:

- 0 -- No problems
- 1 -- Mild: It comes and goes.
- 2 -- Moderate: You usually have or feel it.
- 3 -- Severe: It seriously affects your daily life.

Your doctor also will ask if you've had about 40 other symptoms that can affect people who have fibromyalgia. These include [depression](#) and [anxiety](#), bellyaches, [itching](#), taste changes, numbness, and [dizziness](#). This score ranges from 0 (no symptoms) to 3 (a lot of problems).

Your doctor will add all the SS numbers together to get a score. It will be between 0 and 12.

Your doctor may tell you that you have fibromyalgia if you:

- Have a WPI score of 7 or more and SS score of 5 or more
- Have WPI of 3 to 6 and an SS score of 9 or more
- Have had symptoms at the same level for at least 3 months
- Don't have any other condition that can cause these symptoms

From there, you'll talk about a plan to manage it. With the right treatment, most people who have it live a normal, active life.

WebMD Medical Reference

[Sources](#) 

SOURCES:

National Institute of Arthritis and Musculoskeletal and Skin Diseases: "Fibromyalgia."

National Fibromyalgia Association: "Diagnosis."

Brandon Evans 12/2/03

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National Institute of
Arthritis and Musculoskeletal
and Skin Diseases

HEALTH TOPICS
Fibromyalgia
BASICS

Points To Remember About Fibromyalgia

- Fibromyalgia is a long-lasting or chronic disorder that causes muscle pain and fatigue (feeling tired).
- The symptoms of fibromyalgia are pain and tenderness throughout your body.
- You can treat your fibromyalgia with medicines, lifestyle changes, and complementary therapies.

What is fibromyalgia?

Fibromyalgia is a long-lasting or chronic disorder that causes muscle pain and fatigue (feeling tired). If you have fibromyalgia, you have pain and tenderness throughout your body.

Sometimes you may have two or more chronic pain conditions at the same time, such as:

- Chronic fatigue syndrome.
- Endometriosis.
- Irritable bowel syndrome.
- Interstitial cystitis.
- Temporomandibular joint dysfunction (TMJ).
- Vulvodynia.

Who gets fibromyalgia?

Anyone can get this disorder, though it occurs most often in women and often starts in middle age. If you have certain other diseases, you may be more likely to have fibromyalgia. These diseases include:

- [Rheumatoid arthritis](#).
- [Systemic lupus erythematosus](#) (commonly called lupus).
- [Ankylosing spondylitis](#) (spinal arthritis).

If you have a family member with fibromyalgia, you may be more likely to get the disorder.

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What are the symptoms of fibromyalgia?

The symptoms of fibromyalgia are pain and tenderness throughout your body. Other symptoms may also include:

- Trouble sleeping.
- Morning stiffness.
- Headaches.
- Painful menstrual periods.
- Tingling or numbness in hands and feet.
- Problems with thinking and memory (sometimes called “fibro fog”).

What causes fibromyalgia?

Doctors don't know the exact cause of fibromyalgia. Researchers continue to study fibromyalgia and think the following events may contribute to the cause of the disorder:

- Stressful or traumatic events, such as car accidents.
- Repetitive injuries.
- Illness.
- Certain diseases.

Sometimes, fibromyalgia can develop on its own. Fibromyalgia tends to run in families, and some scientists think that a gene or genes could make you more likely to develop fibromyalgia. The genes could make you react strongly to things that other people would not find painful.

Is there a test for fibromyalgia?

Currently there aren't any laboratory tests to diagnose fibromyalgia.

You may see many doctors before receiving the diagnosis. This can happen because the main symptoms of fibromyalgia, pain and fatigue, are similar to many other conditions. Doctors often have to rule out other causes of these symptoms before making a diagnosis of fibromyalgia.

Doctors use guidelines to help diagnose fibromyalgia, which can include:

- A history of widespread pain lasting more than 3 months.
- Physical symptoms including fatigue, waking unrefreshed, and cognitive (memory or thought) problems.
- The number of areas throughout the body in which you had pain in the past week.